

Lawrence



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number										Approved			Date Received (yr. mo. day)			# 209								
C	K	S	D	9	8	1	7	0	1	0	1	4	T/A	C				8	6	0	8	2	8	Wyndotte
F																								

W	E	S	T	E	R	N		A	U	T	O		S	U	P	P	L	Y		C	O	M	P	A	N	Y			
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Street or P.O. Box

[illegible]

City or Town													State		ZIP Code									
C 4	K	a	n	s	a	s		C	i	t	y	,						K	S	6	6	1	0	2

STREET ADDRESS OR LOCATION FROM KNOWN REFERENCE POINT

[illegible]

City or Town															State	ZIP Code						
6	K	a	n	s	a	s	C	i	t	y	K	S	6	6	1	0	2

Name and Title

C 2	B	O	B	.	H	I	N	E	S	,		M	G	R	.						9	1	3	3	2	1	3	2	4	6
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A. Name of Installation's Legal Owner

[illegible]

A. Hazardous Waste Activity

- ☒ 1a. Generator
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

B. Used Oil Fuel Activities


- ☐ 6. Off-Specification Used Oil Fuel
(enter "X" and mark appropriate boxes below)
- ☐ a. Generation Marketing to Burner
- ☒ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification
- RECEIVED
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VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your firm's first notification, enter your installation's EPA ID Number in the space provided below.

XX <input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent	 R00118184	C. Installation's EPA ID Number

For Official Use Only												
C											T/A	C
W												1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable (D001)

☒ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D004-D017) Specify Below:


E. Total Quantity Generated Per Month. Mark 'X' in the appropriate box below corresponding to the total quantity of hazardous waste generated per month.

- ☐ a. Greater than 1,000 KG (2,200 lbs)
- ☐ b. Less than 1,000 KG but greater than 25 KG (55 lbs)
- ☒ c. Less than 25 KG (55 lbs)

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WASTE
MANAGEMENT

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Area Service Manager	Date Signed 9/17/86
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EPA Form 8700-12 (Rev. 11-85) Reverse

Mail completed form to: Bureau of Waste Management
Kansas Department of Health & Environment
Forbes Field
Topeka, KS 66620